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SUPRA-RENAL MELASMA, OR ADDISON'S DISEASE.

[Read before the Boston Society for Medical Improvement, February 11th, 1867, and communicated for the Boston Medical and Surgical Journal.]

By J. N. BORLAND, M.D.

In the second volume of Dr. Aitken's work on "The Science and Practice of Medicine," is an article on the above subject, which presents a valuable *résumé* of what is known up to the present time about this rare disease, in which is given the following—

"*Definition.*—A morbid state which establishes itself with extreme insidiousness, whose characteristic features are, anæmia, general languor and debility, and extreme prostration, expressed by loss of muscular power, weakness of pulse, remarkable feebleness of the heart's action, breathlessness upon slight exertion, dimness of sight, functional weakness and irritability of the stomach, and a peculiar uniform discoloration of the skin, which becomes of a brownish olive-green hue, like that of a mulatto, occurring in connection with a certain diseased condition of the supra-renal capsules. The progress of the disease is very slow, extending on an average over one year and a half; but it may be prolonged over four or five. The tendency to death is by asthenia, the heart becoming utterly powerless, as if its natural stimulus, the blood, had ceased to act."

The disease thus defined by Dr. Aitken, was first brought to the notice of the profession very imperfectly by Dr. Addison, under the title of "a remarkable form of anæmia," and an abstract of his remarks before the South London Medical Society, in which he speaks of the anæmia, debility, and diseased condition of the supra-renal capsules, but not referring to a dark discoloration of the skin, was published in the *Medical Gazette*, March 23, 1849, page 518, and later than this in the *Medical Times and Gazette* for December, 1855, and March, 1856, may be found reviews of his then recent monograph on the "Diseases of the Supra-renal Capsules."

Dr. Addison, in this disease, which has since borne his name, recognized and described the peculiar cachexia, the important symptoms of the disease, the connection of *bronzed skin* with the diseased

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capsules, but he imagined that any disease of the capsules would bring about this diseased condition. Subsequent observation has proved this idea not to be true, and it was left for Dr. Wilks, in *Guy's Hospital Reports* for 1862, to define and describe the true pathological characters of the disease, which he has done as follows, stating it to be of one form only, that which Dr. Addison termed "scrofulous." Dr. Wilks says:—"When the disease is recent, the organ is somewhat enlarged, and changed into a material which is semi-translucent, of a gray color, softish, homogeneous, and when examined microscopically is found to be without structure, or sometimes slightly fibrillated, or containing a few abortive nuclei or cells. This lardaceous kind of material is first deposited, and resembles what is often seen in the early stages of scrofulous enlargement of the lymphatic glands; subsequently it undergoes a decay or degeneration as in these glands, and changes into an opaque yellowish substance; and thus the two materials are constantly found associated. At a later period, as in a scrofulous gland, this may soften into a putty-like matter, or it may dry up, leaving the mineral part as a chalky deposit scattered through the organs. These, then, are the changes: first, the deposition of a translucent, softish, homogeneous substance; subsequently the degeneration of this into a yellowish-white opaque matter; and afterwards a softening into a so-called abscess, or drying up into a chalky mass. Occasionally, also, some fibrous tissue may be found among the organs, being the product of an inflammation which has united them to the kidney, liver, and adjacent parts." Some years are necessary for the production of these changes.

The definition which I have quoted above from Aitken seems to me to be very perfect; giving, as it does, a precedence to that condition and class of symptoms which Dr. Addison noticed and considered to be the most important indications of the disease, namely, the asthenia, which is not necessarily accompanied by emaciation, but is expressed by a loss of muscular power, weakness of pulse, feebleness of the heart's action, breathlessness on slight exertion, dimness of sight, functional weakness and irritability of stomach, and, lastly, the bronzing of the skin.

This last condition, owing to its great peculiarity, its so readily attracting the eye, has by many been rated too high in the scale of symptoms, according to its real value, and from Dr. Wilks's article it is evident that Dr. Addison recognized it at its true worth. Discoloration of the skin is but a symptom, interesting when it occurs, varying in amount in different cases, and in some not present at any time in the course of the disease, and, when occurring, coming on at a varying period after the establishment of the more prominent symptoms above enumerated. It is due to a deposition of a layer of pigment in the rete mucosum, the same seat as in the dark races, and is uniformly distributed over the entire surface. Numerous cases

have been described as exhibiting the discoloration in patches, but the peculiarity of patches of deeper color should not lead us from the fact, that the even distribution of color over the surface of the body is the more valuable and the first to be noticed in its diagnostic importance; and also it is to be remembered that those parts where pigment naturally exists become darker than other parts of the skin. When discoloration is well developed, the patient looks like a person of dark or mulatto blood.

That this disease is rare, as I have stated, may be realized from the fact, that when Dr. Addison published his original paper, it contained only five cases that were unmistakable instances, and after a lapse of about seven years, during which the attention of the profession in England had been strongly drawn to the existence of the newly described disease, and many pathological specimens of the supposed diseased capsules had been sent to Dr. Wilks, he published his paper in 1860, and his list of cases comprised only twenty-five, and these included the five originally reported by Dr. Addison. In *Braithwaite's Retrospect of Medicine* I find no allusion to the disease since that time. Here in Boston, although other cases may perhaps have occurred, I have heard only of seven, four of them having been patients at the Massachusetts General Hospital, including one now there, two in private practice, and the one which I now report.

The patient, M. R., was an unmarried girl, 19 years old, born in England, but had been in America the greater part of her life. She was admitted to the Boston City Hospital on the 12th of November last, as convalescent from typhoid fever. She stated that her father died of phthisis; that she had considered herself as generally well, but for the last eighteen months she had not felt as strong as formerly, and had occasionally been troubled by a weak and irritable stomach. Four weeks before her entrance, after being run down by hard work, but not by exposure, she became ill, with nausea and vomiting, some pain in the bowels, and slight diarrhoea, lasting about two weeks; she, however, had neither chill, headache, epistaxis, nor pain in back and limbs. Since this trouble occurred, she had been chilly in the morning and feverish at night.

On entrance, she was confined to her bed, and very weak. On sitting up she felt dizzy, but not when lying down. She had no rose spots. She had slight dry cough, with an occasional expectoration, which she says she has had as long as she remembers. At this time she was under the care of Dr. F. E. Oliver, and having improved in condition, on the 28th of November, after a stay of sixteen days, was discharged as well.

On the 14th day of December last, she re-entered the hospital, coming under my care, and reported that since leaving she had felt very weak and unable to stand long at a time, and sometimes feeling dizzy. Has had some shooting pains in front of chest, and a constant pain below left breast. Slight cough, as for years past, with

some shortness of breath, and a sensation of smothering in her chest, coming on after the exertion of working or talking. Palpitation of the heart, which has existed for the past year, is now worse, coming on frequently without any exciting cause. Frequent headache. No spinal tenderness, nor pain in back. Two spots of episternal tenderness. Slight constipation. Urine free and natural. Catamenia, having been absent for two months, appeared four days before, and disappeared the morning of the day of entrance. Skin is very dusky, which is said by the patient to have been the case previous to the fever.

Attracted by the record of the chronic cough, on seeing her for the first time, the day after her entrance I carefully examined her chest, recording a diminished respiration throughout the whole of the right lung. At the left supra-spinous fossa, occasional obscure crepitus, not persistent. In left subclavian space, harshness of respiration, without crepitus. Nothing abnormal by percussion, and considering that there might be enough of incipient phthisis to account for her condition, I ordered the following:—*R.* Olei morrhuae, spts. frumenti, āā ʒ ij.; spts. lavandulae comp., ʒ ss. *M.* ʒ ss. three times a day.

Dec. 20.—Vomited yesterday afternoon and to-day; is slightly constipated. I suspended the oil mixture, and prescribed *Pil. hydragryri*, gr. x., h. s.; and *pulv. Rochelle*, mane.

On the 22d of December, I never having been my fortune to have met with a case of Addison's disease, I first suspected the true nature of my patient's trouble, my attention being strongly attracted by the contrast between the dusky skin and the pearly eye, and the record is as follows: "Medicines ordered on the 20th produced one free dejection. Patient is now in bed, feeling weak and nauseated, and complaining of headache and debility of stomach. Color of skin is dusky, dark brownish, with still darker patches about lips, forehead, and folds of neck. Sclerotics have a clear, white, pearly, and transparent look. Eyesight is somewhat lessened in power, with occasional spells of dimness and confusion.

Dec. 23d.—Pulse 88, small and compressible. Has vomited this morning, and complains of headache and debility. *R.* *Pulv. ferri*, gr. xx.; *pulv. rhei*, gr. xl.; *ext. gentianae*, q. s. *M.* *Ft. in pil.* No. xx. One three times daily.

24th.—No vomiting, but nausea and weakness of stomach. Blood, examined by microscope, shows white corpuscles in excess—about three times the normal number. Is constipated. *R.* *Pil. aloes et myrrhæ*, No. ij., h. s., p. r. n.

26th.—Ophthalmoscopic examination, by Dr. Williams, shows some opacity of cornea and congestion of retina.

From this time on, until Feb. 4th, the patient continued to gradually grow worse. Days of comparative comfort would be suddenly interrupted by pains in the stomach, and spells of vomiting. Palpita-



tion of the heart and shortness of breath increased without any apparent cause. There was progressive muscular weakness, felt particularly in the thighs, so that rising from a low seat was difficult; ascending a flight of stairs became almost impossible, and walking the length of the ward was fatiguing, hurrying the heart's action and shortening the breath. The discoloration of the skin steadily deepened, being universal, the dark tone of the face showing out in striking contrast the whiteness of the eyes, and of a remarkably fine set of teeth, while strongly marked patches, of very dark color, on the dull, dusky base, were particularly noticeable at the forehead, lips, the folds of the neck, and loins, over scapulæ, around the umbilicus, and over the fronts of the knees. The areolæ were very dark, and a square patch over the epigastrium marked the position of some formerly applied counter-irritant.

A microscopical examination of the blood, on the 2d of February, showed nearly double the number of white corpuscles seen as the previous examination, on Dec. 24th.

On February 4th, she reported a sleepless night from great pain throughout both hypochondria, and her face was expressive of pain; she could not draw a long breath. Nothing abnormal was heard on such an exploration of the chest as I was able to make without giving her distress. She had some greenish, watery diarrhœa.

Feb. 5th.—Pulse 124, small and feeble. Countenance dusky, exsanguine. Tongue, bright-green coat. Conjunctivæ, for the first time, are faintly tinged with a yellowish-green color; this is but slightly marked. Vomited matters are described as sometimes blackish, at others like "chewed grass." At time of visit, vomiting to amount of half a pint of matter looking like "green pea soup." Bowels open this morning, with bright green matter. Is very weak, and stomach rejects everything.

From this time the patient rapidly sank, the nausea and vomiting resisting all remedies, such as sinapisms to epigastrium, chloroform internally, hydrocyanic acid, creasote, subnitrate of bismuth, cracked ice, brandy and effervescing drinks, &c., and on the 7th of February she died, while I was making my visit, after between three and four days of uncontrollable suffering.

The *autopsy* I made twenty-four hours after death, circumstances so limiting my time that I was only able to examine the contents of the abdomen.

The body was well formed and rounded. Rigor mortis well established. A layer of yellow subcutaneous fat, from one half to three fourths of an inch in thickness, was seen on cutting the abdominal walls. Discoloration of the disease was marked as in life.

The liver was large, and the gall-bladder distended with greenish bile, both appearing normal, as did the spleen and pancreas. In the stomach were a few small spots of dark ecchymosis; no other disease was seen in the alimentary canal. The small intestines were

pale and distended with gas. The kidneys were both large, but appeared perfectly healthy. After a careful search the left supra-renal capsule could not be found. The right supra-renal capsule was found to be much atrophied. In its body were seen depositions of the semi-translucent, grayish matter described by Dr. Wilks, and in its substance numerous round, distinct masses of yellow, firm, opaque matter, one of which gritted under the edge of the knife, as from chalky deposit. These masses were of varying sizes, from that of a swan shot to that of small size or No. 8 shot.

The uterus and Fallopian tubes were slightly enlarged, and were covered with a superficial, dark, venous congestion. The substance of the uterus and ovaries normal.

This case bears, in two respects in particular, a resemblance to Case No. 23 of Dr. Wilks's series, in the fact that both patients died from prostration after three days' uncontrollable vomiting, and in the fact that one of the capsules could not be found at the autopsy.

With regard to the absence of the capsule, Dr. Wilks says:—"Cases are recorded where no supra-renal capsules existed in the body, and this has already been used as an argument against Addison's conclusions as to their importance in the animal economy. It has, however, never yet fallen to my lot to note their absence, and it being so I am naturally skeptical as to the statement, especially when I have found students at a loss to find them, when the body has been before me, while on a stricter search they have been discovered, mutilated by the act of manipulation, having perhaps previously undergone a softening process from decomposition. If, too, suppuration had existed, the organ would no doubt have been destroyed, for as soon as the abscess had been burst no trace of the organ would be left."

In which way to truly account for not finding the capsule in my case I cannot state; only I can say that careful search was made for it.

The case I have reported has possessed to me a double interest; not merely from being a finely marked instance of this rare disease, as shown by its insidious development, the establishment of the constitutional symptoms, subsequently the pigmentary discoloration, the death by asthenia, and the pathological proof; but also from being one more link in the chain of evidence which proves the integrity of Addison's disease, a matter which has been denied by many eminent men in the profession, who have erred in the same way that Dr. Addison himself did originally, in the supposition that any disease of the capsules, such as tubercle, cancer, and the like, would develop the disease in its course, as defined by Aitken at the head of this paper.

## CASE OF FACIAL PARALYSIS.

[Communicated for the Boston Medical and Surgical Journal.]

By JOHN H. GILMAN, M.D., Lowell.

DECEMBER 10th, 1866.—D. W., aged 39, overseer of a weaving room on the Suffolk Corporation, while inspecting some cloth, observed that he could not close his left eye, and soon after that he had no use of the same side of his face. He directly applied to me to inquire what had befallen him, and, on examination, there was found to be complete paralysis of the portio dura. At this time he did not seem inclined to pursue the treatment advised, and went away.

Dec. 17th.—The patient came to me again, fully prepared to pursue the treatment recommended. He is a man of lymphatic temperament, and somewhat corpulent. The paralysis came on without any obvious cause, unless it resulted from a carious bicuspid tooth in the lower jaw of the paralyzed side. The tooth had been filled with amalgam about a month previously, and it gave him so much pain that he went back with the intention of having it extracted; to this the dentist objected, and drilled a hole in one side of it and destroyed the nerve. After this, the tooth gave more or less uneasiness until about a week before the occurrence of the facial palsy. The tooth was at once extracted, and found to have undergone partial absorption at the root, and emitted a most offensive odor.

*Treatment.*—The patient was advised to abstain from alcoholic stimulants and tobacco, and to partake of less food than usual. He was allowed to pursue his vocation without interruption. Magneto-electricity to be applied daily for three quarters of an hour, by means of Davis and Kidder's machine. Wet sponges were put into the cylindrical excitors, and one was carried over the paralyzed part of the face, and the other was placed behind the left ear during the first half, and behind the right during the last half of each sitting. The orbicularis palpebrarum and the occipito-frontalis responded quickly to the electric stimulus, but the facial muscles did so less sensitively, especially the buccinator, which was quite feeble in its response. A blister was applied behind the left ear. A solution of strychnia was given every three hours during the day. The bowels were acted upon by the compound cathartic pill.

Dec. 20th.—Increased the dose of strychnia to one twelfth of a grain. Applied a blister behind the right ear.

24th.—Can partially cover the eyeball with the lids. Increased the dose of strychnia to one tenth of a grain. Applied a blister behind the left ear.

27th.—Can move the cheek a little, and has occasional twitchings of the muscles. Applied a blister behind the right ear.

30th.—Can meet the lids over the eyeball. The muscles of the face have recovered their power, insomuch that the patient can spit, whistle, and converse without much difficulty.

Jan. 2d, 1867.—Strychnia discontinued. Electricity to be applied every two days. Patient improving.

7th.—Patient has recovered full use of the paralyzed part. Treatment discontinued.

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ON THE REMOVAL OF FOREIGN BODIES FROM THE *ŒSOPHAGUS*.

By DAVID RICE, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

A NUMBER of years ago, I reported for the Boston Medical and Surgical Journal a new method of removing foreign bodies from the *œsophagus*. Since that time I have had a number of cases of the lodgment of foreign bodies in the *œsophagus*, and have never failed of removing them by the method of which I claim the discovery, viz., by the sponge probang. The sponge probang has been used from time immemorial for this purpose, but it is the *peculiar shape of the sponge*, and the method of using it, that I claim as originating with myself. No longer ago than last week, I removed from the *œsophagus* of a lady, a long piece of bone, which had remained there three days. The bone was about two lines in diameter, and one and a half inches long.

CASE.—Mrs. F., a lady 60 years old, swallowed a piece of bone with some meat, which became lodged in the *œsophagus*. She sent for me the following day. When I arrived, she said she felt better than on the preceding day, could swallow water, and begged to have any trial for the removal of the foreign body deferred. On the fourth day I was called again, and found her suffering great pain, with extreme difficulty in swallowing even fluids. I immediately introduced my sponge probang, and without the least difficulty succeeded in removing the piece of bone, together with a piece of beef. In fact, I have often removed pieces of bone, beef, needles, &c., in the manner formerly described in your JOURNAL. The instrument I use is a whale-bone probang, small and elastic, in size about the diameter of a penholder, or perhaps one eighth of an inch in diameter, curved at the lower end. On the inside of the concavity I fix at the lower extremity a piece of sponge, in the shape of a cone about an inch in length, very sharp at the bottom, and tapering gradually to the base, which is about one half an inch in diameter when dry. The apex of the cone is fixed firmly to the bottom of the probang, about one half being left floating. The base of the cone, being upwards, is cut perfectly square on the top. I apply oil of almonds to the sponge before introducing it. Being very soft, it easily passes by a foreign body lodged in the gullet, and on being withdrawn, the round, flat base can hardly fail of finding and bringing up the foreign body in question. Your readers will observe that it is the peculiar shape of

the sponge that renders success so certain with my sponge probang. The probang and sponge should be well oiled before an introduction is made into the œsophagus.

*Leverett, February, 1867.*

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### Reports of Medical Societies.

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EXTRACTS FROM THE RECORDS OF THE PROVIDENCE MEDICAL ASSOCIATION.  
BY W. H. TRAVER, M.D., SECRETARY.

*Malformation of the Internal Organs of an Infant.*—Dr. MASON reported the case and exhibited the organs.

Mrs. E. L., æt. 34, a native of Ireland, was delivered of her fifth child, Jan. 12th, 1867, after an unusually easy and rapid labor. The child, a female, was well developed, but after gasping a few times died. *Post mortem*, twelve hours after death. Body well formed, except that the neck was very short, and the occiput was broad and flat. The heart occupied its natural position, and was normal. The lungs were two small masses, about three fourths of an inch in diameter, going back of and concealed by the pericardium. In the left thoracic cavity was the stomach, with its greater end towards the apex, which was occupied by two perfect spleens. In the right side of the chest was a liver, joined to the normal one at right angles, and separated from it by a deep groove, containing a gall-bladder and duct, which opened into the duodenum near the normal liver.

The tendinous portion of the diaphragm was wanting, except a narrow antero-posterior band, to which the pericardium was attached. The muscular portion formed a well-marked ridge around the interior of the thorax. The abdominal organs were normal. The brain and skeleton were not examined.

*Tetanus; Recovery.*—Dr. MCGREGOR reported the case.

The patient was a mechanic, aged 36, a resident of Summit Station. In September last he received a lacerated wound of the hand, which was treated with poultices. Dr. McGregor saw him six days after the accident; the wound was unhealed. There was rigidity of the muscles of the neck and jaws, the latter nearly immovable; also spasmodic contraction of the muscles of the arms. Muscles of abdomen drawn in and rigid. The treatment consisted of ice along the spine, inhalation of ether; calomel and opium—eight grains of the former combined with one of the latter—injections of an infusion of tobacco, and injections of the oil of turpentine. The muscles began to relax on the fifth day, and at the end of the ninth day all the symptoms of the disease had disappeared.

*Removal of the Testicle.*—Dr. GROSVENOR reported the case, and exhibited the diseased testicle, removed by Dr. Perry fifteen days previous. The patient was an American, aged 33, a laborer by occupation. He had suffered from orchitis for several years. The testicle commenced to enlarge about one year ago, and continued slowly to increase in size up to the date of the operation, when it weighed twelve and three quarter ounces. The disease proved to be cancerous.

*Inflammation of the Brain; Death.*—Dr. MORTON reported the case.

The patient was a mechanic, aged 17 years. Dr. M. first saw him at 3½ o'clock, P.M., on the 19th of November. He complained of severe pain in the head, which was supposed to proceed from disease of the ear, from which there had been a purulent discharge for several years. He had had several similar attacks of pain, &c. Pulse 90; tongue moist and dark. At 7½ o'clock, P.M., of the same day, he was delirious and unconscious. He died on the following morning, thirty hours after the attack.

*Autopsy.*—Bloodvessels of brain injected. The cerebellum contained one and a half ounce of serum. Caries of petrous portion of the temporal bone, with thickening of the periosteum, underneath which was found half a drachm of pus.

*Pericarditis; Death.*—Dr. ELY reported the case.

The patient, an aged man, died suddenly, after a brief illness. The symptoms in the case were as follows:—Pulse 100, and distinct. Sounds of heart normal. Percussion elicited some dulness over the region of the heart, and at the base of both lungs. Pain in the lungs; breathing labored. Fulness and tenderness in the right hypochondriac and epigastric regions. Appetite good. Legs œdematous.

*Autopsy.*—The heart and pericardium were covered with lymph to the depth of one fourth of an inch. The pericardium contained about a pint of serum. Lungs congested, but otherwise healthy. Liver somewhat enlarged and fatty. Kidneys healthy.

*Strangulation of the Intestines, resulting in Death.*—Dr. CLAPP reported the case.

The patient, a female, aged 62 years, after eating some grapes was attacked with pain in the right iliac region. This occurred in the morning. Dr. Clapp saw her in the evening of the same day. She then had the usual symptoms of strangulated hernia—pain, tenderness, vomiting, hiccough, &c. The following morning the symptoms continued about the same. About a year ago, she had a similar attack of three or four days duration. After this last attack she improved somewhat, sat up, ate some toast and tea, then suddenly grew worse, and died after an illness of four days.

*Autopsy.*—A fibrinous band was found extending from the colon to the rectum, forming a loop, through which the small intestines passed to the extent of five feet, producing complete strangulation. The constricted portion was gangrenous. Other organs healthy.

*Death from Ulceration of the Intestine.*—Dr. COLLINS read a report of a case resulting in death from the above cause, and exhibited the specimen. The patient was a man, aged 33, a clerk by occupation. The autopsy revealed the following conditions of the abdominal viscera. Abdomen greatly distended. The transverse colon was drawn down to the left inguinal region by the omentum, the whole of which was in the hernial sac. No inflammation of the omentum or its surroundings. In the right side, the intestines were bound together by recent lymph, which existed in great quantities around the cœcum, about which there was also considerable liquid matter. In the small intestine, about six inches from the cœcum, was a perforation say half an inch in diameter. On the inside of the intestine, the mucous membrane was ulcerated for about one fourth of an inch around the opening, which was on one side of the ulcer. Other organs healthy.

**Bibliographical Notices.**

*On the Use of Convex and Concave Glasses in Asthenopia.* By EDWARD G. LORING, M.D., Baltimore.\*

ASTHENOPIA, dependent on hypermetropia, and its treatment by convex glasses, is now a familiar subject to all ophthalmologists. Those forms of asthenopia, however, occurring in connection with emmetropia and myopia, are much less understood, and are among the most perplexing maladies that come under observation and treatment.

Dr. Dyer,† of Philadelphia, has proposed a method of treating these cases by a systematic use of glasses, considering that the normal relation existing between the convergence and the accommodation of the eyes is in some manner disturbed, and that there is a want of energy of the ciliary muscle. He prescribes, therefore, for emmetropes a convex, and for myopes a concave glass, to be used at certain definite periods, and for a certain length of time.

After quoting Dr. Dyer's conclusions more fully than above, and testifying to the benefit often derived from this course of treatment, the author of the present article devotes himself to more particularly investigating and explaining the manner in which convex glasses are beneficial in asthenopia of the emmetropic eye.

After first alluding to the relation that exists between the convergence and accommodation of the eyes, he shows that the positive portion of the accommodation is less than it should be in proportion to the negative, so that in a given angle of convergence an undue amount of accommodating power is exerted, and this necessarily at the expense of a certain amount of reserve force, the presence of which is an indispensable condition when action is to be long maintained.

In other words, the ciliary muscle, the agent of accommodation, though it may be able momentarily to contract with its normal force, is unable to maintain the necessary state of contraction for any length of time, and therefore work on near objects, which of course implies continued convergence and accommodation, becomes impossible.

This condition resembles that of hypermetropia in so far that in both cases the ciliary muscle is overtaxed, and convex glasses afford relief, with, however, this important distinction, that in the hypermetropic eye the ciliary muscle is of normal, and often of more than normal strength, but is taxed with an abnormally heavy burden, and therefore needs permanent assistance; whereas, in the case we are considering, the muscle is not originally disproportioned to its burden, but has become so from debility, and the convex glass is to relieve it of a portion of its labor till it can be restored to its original vigor. This is proposed to be done, as already stated, by a systematic and graduated exercise of the muscle while the eye is furnished with a suitable glass.

We must be content with this brief notice of the main purport of Dr. Loring's article. It seems to us that he explains very satisfactorily the conditions of asthenopia connected with emmetropia. The article is written very clearly and compactly, and will be found worthy of a careful perusal. S.

\* Published in the New York Medical Journal.

† Transactions of American Ophthalmological Society, 1865, p. 28.



*Suture of the Flap after the Extraction of Cataract.* By HENRY W. WILLIAMS, M.D. (Read before the American Ophthalmological Society, June, 1866.)\*

ANY method by which the risks attendant upon the extraction of cataract can be lessened, and the period of convalescence shortened, will be gladly welcomed by the medical profession. Dr. Williams hopes to accomplish this by his method of procedure, which consists in "placing a single point of suture at the apex of the flap of the cornea after extraction of the lens," a very minute straight needle of less than a quarter of an inch in length, and a "single strand of the finest silk" being employed. The suture is said to give rise to no irritation of importance. It is generally removed in a week's time if not sooner come away, but has been allowed to remain a much longer period without any bad result. The extraction is done under ether, and a compressive bandage applied.

There are many advantages claimed for this method: among the most important are, the prevention of prolapse of the iris, the better adaptation and consequent quicker healing of the corneal wound, and the diminished risk from efforts, voluntary or involuntary, on the part of the patient. "In twenty-four cases subjected to this treatment there have been only two failures."

Discussion would seem out of place upon a subject that has already passed from the domain of theory into that of practice. We must await the logic of facts as shown by results. If these latter prove as favorable as they bid fair to in realizing the expectations formed of this operation, Dr. Williams has made a most important addition to the ordinary method of extraction, and is entitled to the thanks of his surgical brethren.

It is interesting to note, in this connection, that the usual operation for extraction of cataract seems in danger of being superseded by Graefe's recent method of extracting through a cut made in the sclerotic. Thus far he has obtained more favorable results by this than by the old method, and we understand his operation is being extensively performed in Germany. S.

## Hospital Reports.

EXTRACTS FROM THE RECORDS OF THE ALBANY CITY HOSPITAL. REPORTED BY G. TRESKATIS, M.D., LATE HOUSE-SURGEON.

*Gun-shot Wound of Left Thigh.* Dr. POMFRET, attending surgeon.—Fanny S., æt. 15 years, born in Albany. Admitted to Hospital March 21st, 1865, in consequence of a pistol wound, which she received accidentally while walking in the street. Dr. Pomfret, on examining the wound, found that there was but one wound at the outer and middle part of the left thigh. The bone was denuded in a perpendicular line from the wound, but the ball could not be found, in spite of the most careful search. A poultice of flaxseed meal was ordered, and anodynes *pro re natâ*. The pulse began to rise after a little while, but the patient passed a comfortable night.

\* Published in the New York Medical Journal.

March 22d.—Fever has set in. Pulse 120, strong. Skin dry and hot; eyes bright. Became delirious in the afternoon. Has not yet passed any water, although she called several times for the vessel. Had a hysterical attack at 5, P.M., followed by several others during the night. Antispasmodics were administered, but without success; was finally quieted by threats. Thigh is somewhat swollen and painful. Passed water in the evening. This state continued till March 25th, when the fever abated and the hysterical attacks ceased. Pulse 120, weak. There is but little pain in the wound; thigh also but little swollen. Poultice continued.

26th.—Fever has ceased. Pulse 100, weak. Wound begins to suppurate; profuse discharge of healthy pus, which seems to form in pockets. Poultice discontinued, and cold-water dressings substituted.

April 1st.—Pus of a sanious, unhealthy character appears if the thigh is pressed upon from the inner side.

4th.—Had rigors in the evening. Pulse 100. Was ordered quinia, gr. i., three times daily.

10th.—Rigors continue in the evening: Pus has assumed a healthy appearance; diminished in quantity.

22d.—Left the Hospital. The wound showed a healthy surface. Rigors had ceased; her general health was also good.

She remained in bed, unable to walk, till the month of August. The wound kept continually open, discharging a moderate quantity of laudable pus. Occasionally inflammation set in, in the neighborhood of the wound, which, however, soon yielded to the proper treatment. At the end of the month, she was able to leave the bed and walk with a cane. The original wound closed up, and two new openings were formed on the posterior surface of the thigh. These openings caused her but little trouble, they being small and discharging only a small quantity of pus at intervals. In the month of October she was able to walk about as usual.

January 8th, 1866.—The ball was found to protrude through one of the openings, and was removed by the patient herself. The ball probably struck the femur without fracturing it, as it was perfectly flattened and concave, as if moulded to a cylindrical body.

*Abdominal Injury; Recovery.* Attending Surgeon, Dr. BOULWARE.—P. S., æt. 28, laborer. Admitted to Hospital June 20th, 1865, with a wound in the right inguinal region of abdomen, which he received from a pocket-knife during an affray in a saloon. The bowels protruded through the aperture. The wound was closed with a wire suture after the hernia had been removed. Opium was prescribed in sufficient quantity to keep the patient quiet.

June 22d.—Patient complains of severe pains. Wound has begun to suppurate; the margins are slightly inflamed; abdomen tender. There is no constitutional disturbance. Patient feels perfectly well otherwise. Opium continued.

After four days the sutures were removed, the wound having united. Pain and tenderness have disappeared. Patient had a natural dejection. He felt so well that he desired to leave his bed, which he was allowed to do after two days. On July 2d he was discharged, having fully recovered.

*Compound Comminuted Fracture of the Skull; Death.* Attending Surgeon, Dr. BOULWARE.—M. L., æt. 19, born in Ireland, Admitted

to Hospital July 11th, 1865, at 1, P.M. Was struck on his head by the tackle while engaged on board a vessel in hauling up iron, at 7, A.M. On examination, a compound comminuted fracture of the upper and part of the left parietal bone was discovered. Patient was perfectly rational; pulse 70, strong; right side of body partially paralyzed. The fractured parts were depressed, forming a cup-shaped cavity. A council of the attending surgeons was called, and the operation of trephining resolved upon.

July 12th.—Dr. Boulware removed three small pieces of bone and raised the depressed portion without resorting to the trephine, as it was thought not expedient to remove any more bone. An antiphlogistic regimen was ordered. Cold applications to the head. Patient complains of pain in the neck. Pulse 70, in the evening.

13th.—Patient did not sleep at all during the night. Is very restless; wants to be kept in the semi-erect position. Has had one dejection. Pulse 70.

Patient became delirious July 16th, and died July 19th, having been comatose during the last two days.

A *post-mortem* examination was made July 20th, at 12, M. A large, deep abscess was found, containing about a teacupful of foetid pus, and involving nearly the whole hemisphere. Another smaller abscess was found on the spinal column, extending from the last cervical to the fourth dorsal vertebra.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON: THURSDAY, MARCH 28, 1867.

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### CLITORIDECTOMY AS A CURE FOR EPILEPSY IN FEMALES.

THE operation of amputation of the clitoris, which Mr. I. Baker Brown has been practising for several years, very frequently, as a means of curing epilepsy, predicated on the theory that this disease is caused by habits of self-abuse in females suffering from this malady, has become a matter of such public notoriety that the medical profession in England is beginning to make itself heard in very decided condemnation of it. It is hardly necessary for us to say that Mr. Brown has under his charge in London a private hospital, known, we believe, as the Surgical Home, which is made the special receptacle of this class of patients, and in which he claims to have had very successful results from his mutilating operation. Dr. Brown has enlisted in his cause the sympathies and coöperation of clergymen and other well-meaning people, who have overstepped the barrier which should properly divide professionals from non-professionals, and have taken up his views and advocated his operation with a zeal which has disgusted the majority of thinking persons. Mr. Brown's opinions have been questioned and his statements of results boldly challenged, until he fairly finds himself at bay before the multitude of his assailants. In a recent discussion by the Obstetrical Society of London, a paper was read by Dr. Tanner on the subject, in which he questioned the soundness of the theory and wisdom of the operation, but diffi-

dently says that he brings forward the subject more as a learner than a teacher. The reading of his paper was followed by remarks by a number of gentlemen—Dr. Williams, Dr. Routh, Dr. Tyler Smith and Dr. Greenhalgh, all more or less decidedly condemning Dr. Brown's practice, and sustaining Dr. Tanner.

It would really seem, if the operation be intended to diminish the sexual appetite which prompts to the vicious practice supposed to be the cause of epilepsy, that such physiological reasoning is of the most superficial character. The clitoris can no more be regarded as the cause of sexual desire than the correlated organ in man. The ovaries are the excitant in the one case as much as the testes are in the other. It would not be strange that the powerful impression produced by such an operation upon the nervous system should weaken for a time the epileptic habit, whether caused or not by the practice to which Mr. Brown attributes it. And if so caused, the necessary suspension of the practice for a time, caused by the operation, would do much towards its permanent abandonment. In either case, it appears to us that other physical means might be tried, less harsh in their character, and as likely to be effectual; to say nothing of moral means which we cannot think would often fail of success, if, as we are told, it is not uncommon for the unfortunate class of whom we are speaking to have fallen into this habit without a proper appreciation of the moral or physical consequences it entails. In a recent article in the London *Lancet*, Dr. Charles West, the distinguished writer on the Diseases of Children, expresses his dissent from Mr. Brown's opinions very emphatically, in a series of propositions which we print below; not without a protest, however, on our part, against the opinion expressed in the second.

"1st. Having for the past twenty-five years seen more of the diseases of children and young persons of both sexes than most members of my profession, and as much as most of the diseases of women at all ages, I believe that masturbation is much rarer in girls and women than in our own sex.

"2d. I believe the injurious *physical* effects of habitual masturbation to be the same as those of excessive sexual indulgence, and no other. The special *physical* harm done by masturbation I believe to be due to the fact that it can be indulged in at a much earlier age than sexual intercourse, and can be practised with much greater frequency.

"3d. But, nevertheless, I have not in the whole of my practice seen convulsions, epilepsy, or idiocy *induced* by masturbation in any child of either sex; a statement, I scarcely need add, widely different from the denial that epileptics or idiots may, and not seldom do, masturbate. Neither have I seen any instance in which hysteria, epilepsy, or insanity in women after puberty was *due* to masturbation as its efficient cause.

"4th. I *know*, and I can appeal with confidence to the knowledge of many members of the medical profession, that of the alleged cures of hysteria, epilepsy, insanity, and other nervous diseases of women by excision of the clitoris, a very large number were not permanent. I further *know* that in several instances, one of which, seen by me in consultation with Mr. Paget, is related at p. 663 of my lectures, very mischievous results have followed it.

"5th. Although the moral questions involved in the practice of masturbation are not strictly within the province of medicine, yet, as the quotation from my lectures, taken apart from the context, may appear to imply that I believe the mind could be restored to its purity by any means which our art might furnish, I must add that I hold no such opinion.

"We too often see the man in whom the desire has outlived the power of performance for the dream to be possible that there is any necessary connection between infirmity of body and purity of mind; and most of your readers do not

need to be reminded that the judgment of the Church as well as the sympathy of all are with the struggle and self-conquest of St. Jerome rather than with the voluntary mutilation of Origen.

"6th. Whilst I believe the removal of the clitoris in cases of hysteria, epilepsy, insanity, and other nervous diseases of women to be a proceeding theoretically based on erroneous physiology, and practically followed by no such results as to warrant its frequent performance, I regard it as completely unjustifiable when done for the alleged relief of dysuria or painful defecation, for the cure of amenorrhœa, or for the mitigation of the symptoms of uterine misplacement or disease.

"7th. I consider that public attempts to excite the attention of non-medical persons, and especially of women, to the subject of self-abuse in the female sex, are likely to injure society, and to bring discredit on the medical profession. I think that such attempts are the more objectionable when associated with a reference to some peculiar mode of treatment and alleged cure practised by one individual.

"8th. I believe that few members of the medical profession will dissent from the opinion that the removal of the clitoris without the cognizance of the patient and her friends, without full explanation of the nature of the proceeding, and without the concurrence of some other practitioner selected by the patient or her friends, is in the highest degree improper, and calls for the strongest reprobation."

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MESSRS. EDITORS,—In the last number of your JOURNAL, the writer of a Bibliographical Notice of a translation of Dr. Cotting's Address before the Massachusetts Medical Society, alludes to an Introductory Address by myself, and expresses a belief that both have been misunderstood.

My meaning has evidently not been fully comprehended by the writer, who says:—"To those who may be troubled by the passage quoted from Dr. Ellis, 'that morbid phenomena are simply perversions of healthy action, and that the two merge into each other by imperceptible gradations,' as our Brazilian critic says, 'assim como o color e frio,' we will propound a question for their benefit—By what process of imperceptible gradations does health merge into a small-pox?"

The answer to his question is very obvious. We have spoken of morbid *phenomena* as contrasted with healthy *action*. It has never been said, that the unknown something which excites these morbid phenomena is a simple perversion of health. *Visible* changes and processes have alone been discussed by me. The question of causes has been left to those who may choose to discuss it.

We can cite no better example of the gradation between healthy and morbid action than that involved in the query put to us. The pustule of smallpox, in which the visible disease culminates, contains no discoverable element which may not be found in any pustule. Pus-corpuscles do not differ in appearance from the white corpuscles of the blood, and are the result of a simple development or growth of pre-existing elements. The gradation is perfect. The characteristic pit is attributable to the distribution of the elements alone.

This view is in no way opposed to that of Dr. Cotting, which is well illustrated by the same example. The invariable sequence of changes which follow the operation of the invisible exciting agent, and the absence of these changes without the last, certainly prove in the most striking manner the existence of a *plan* or *law*. It is no accident. We have fortunately been able to protect ourselves by the application of another law which regulates the action of vaccine virus. This is in accordance with my statement, "that the history of man's connection with natural forces shows, that while one law is indestructible, its operation may be changed by the application of other laws, or you may shield yourself from its injurious action; you cannot destroy it."

Yours truly,

C. ELLIS.

*Death of Dr. David Livingstone, the African Missionary and Explorer.*—Official confirmation has been received of the death of this most illustrious of African travellers. His loss will be regretted by all lovers of their fellow-men. To the most truly Christian humanity he united the most untiring zeal as a scientific explorer; and his contributions to the knowledge of that hitherto *terra incognita*, Central Africa, have been the most interesting additions to geographical science in modern times. He was gifted with a rare supply of common sense, which enabled him to adapt his missionary plans to the condition and comprehension of the infantile intellects of benighted Africa. From the report of the British Consul at Zanzibar, furnished to the United States Consul at that place, we learn that his last expedition was—

"An attempt to unite the magnificent discoveries of late years and determine the limits and connections of the three great lakes, which reach from 14 degrees south to 2 degrees north latitude, and flowing to the sea by the Zambesi and Nile at the two extremities, but with an intermediate space as yet unknown. Such was the geographical problem. But Dr. L. had in view to affect the present enormous East African slave trade through pioneering the way which might lead to lawful commerce.

"Dr. Livingstone was last heard of at N'Donde, at the confluence of the Novuma and Niendi. Here he met with kindness, but found the land desolated by slave traders supplying the market of Zanzibar. We have information that he proceeded further west to Mataka, a Miso chief, who gave him presents of cattle and food. From Mitaka to a lake was eight days' march. On crossing a wide water in canoes, they followed the borders of the lake for several days' journey, and then struck inland.

"They were suddenly attacked in a bush country, about 9, A.M., by a band of Maviti. Dr. L. killed the foremost of the attacking party, but was surrounded and cut down by one blow of a battle-axe, which cut half through the neck. Beyond this we have no details, for those who returned were the first to flee. Almost all who stood near Dr. L. were killed, although they seem to have done considerable with their rifles. This happened about six months ago, or about October 25th.

"Only one of the survivors saw Dr. L. fall, but they buried the body at 3, P.M., when the Naviti had gone. They took off all the baggage, and also the upper clothing of the dead body, so that not even a note remains by which to trace the route.

"It is hardly probable that any further particulars will ever be obtained with regard to Dr. Livingstone's death, as the Maviti are a wandering people, and it will be quite impossible to ascertain the particular tribe by whom Dr. L.'s party were attacked."

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*Extraordinary Monster.*—The *Atlanta Medical and Surgical Journal* for December, 1866, publishes an account of an extraordinary monstrosity, communicated by Dr. J. K. Hamilton, of Stone Mountain, Ga. The mother was a primipara, and labor came on at the completion of the eighth month of pregnancy. Dr. Hamilton says:—

"I made a vaginal examination, and discovered a case of placenta prævia. The pains were regular and persistent, with slight protrusion of placenta during paroxysms. Considerable hemorrhage ensued, which was partially controlled by the tampon, cold applications and rest. The labor lasted about two hours: the afterbirth emerged first, and was followed almost immediately by the expulsion of the child.

"The most remarkable feature of the case was: The umbilical cord was attached to the crown of the head, leading directly from the placenta, seeming to permeate the brain, or more probably the inner surface of the scalp. The neck was unusually large, caused probably by an undue supply of vascularity and nervous influence, with a consequent development of tissues surrounding them.

"There was a cleft in the upper lip, constituting simple hare-lip. The abdomen contained a fissure extending from the epigastrium to near the symphysis pubis; hence the child was nearly disemboweled, with apparent obliteration of the umbilicus. The liver and intestines were well developed, and although it exhibited evidences of recent vitality, it came stillborn, owing doubtless to the anomalous attachment of the placenta and cord. The father of the child, during the late war, lost his left forearm in Virginia, it being amputated about six inches below the elbow; the child, also, on the same side, had its forearm off—the stump bearing a great similarity to the arm of the father.

"The assimilation process in this instance, as respects growth and development, was normal, the trunk and limbs being properly proportioned."

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*Operations for Extraction of Cataract at the City Hospital.*—The following comment on the Annual Report of the City Hospital, appeared in our issue of March 21st:—

"The operations for the extraction of cataract have been remarkably successful. For whereas elsewhere to have one failure only in 8 operations has been considered a good result, Dr. Williams had only one in 21."

The fact that it has been copied by the daily press of this city, and that we have received information which materially qualifies it, leads us, to avoid further misconstruction, to make the following explanation. To say that one failure in eight operations has elsewhere been considered a good result, does not do justice to the statistics of extraction of the present day, which in 100 cases show 80 of entire, 13 of partial and 7 of non-success. Of these 13, some 10 are rendered cases of entire success by a secondary operation.

In stating that at the City Hospital there had been only one failure in 21 cases, we were misled by the catalogue of 42 operations and 2 failures, and omitted to notice that 8 of the 42 cases were still under treatment, and remained unaccounted for. And, in this connection, we also learn that the general classification of a number of cases under the head of "successful," is objected to by oculists, on the ground that the scientific value of such statistics depends upon their being accompanied by a positive statement of the amount of vision in each particular instance.

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*Supra-renal Melasma.*—We are requested to say that any gentlemen who may happen to have had under their care cases of Addison's disease, will confer a favor if they will send an account of their cases and the autopsies, if any, to Dr. Borland, 69 Mt. Vernon St. We hope this request will be heeded, as it is highly desirable to get together all the cases possible of this interesting disease.

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*Decrease of Population in France; Notice of it by the Pulpit.*—The eloquent Carmelite preacher, Père Hyacinthe, has been discoursing to large congregations at Notre-Dame on the delicate physiological topic, of the causes of the want of increase in French population and the small numbers of French families. His discourses are said to have excited the most lively interest, and to attract enormous crowds to Notre-Dame.

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*American Medical Association.*—The eighteenth annual meeting of the American Medical Association will be held in Cincinnati, on Tuesday, May 7th, 1867, at 11 o'clock, A.M. The following Committees are expected to report:—  
On Quarantine, Dr. Wilson Jewell, Pa., Chairman.



- On Ligature of Subclavian Artery, Dr. Willard Parker, N. Y., Chairman.  
 On Progress of Medical Science, Dr. Jerome C. Smith, N. Y., Chairman.  
 On the Comparative Value of Life in City and Country, Dr. Edward Jarvis, Mass., Chairman.  
 On Drainage and Sewerage of Cities, &c., Dr. Wilson Jewell, Pa., Chairman.  
 On the Use of Plaster of Paris in Surgery, Dr. J. L. Little, N. Y. Chairman.  
 On Prize Essays, Dr. F. Donaldson, Md., Chairman.  
 On Medical Education, Dr. S. D. Gross, Pa., Chairman.  
 On Medical Literature, Dr. A. C. Post, N. Y., Chairman.  
 On Instruction in Medical Colleges, Dr. Nathan S. Davis, Ill., Chairman.  
 On Rank of Medical Men in the Army, Dr. D. H. Storer, Mass., Chairman.  
 On Rank of Medical Men in the Navy, Dr. W. M. Wood, U.S.N., Chairman.  
 On Insanity, Dr. Isaac Ray, R. I., Chairman.  
 On American Medical Necrology, Dr. C. C. Cox, Md., Chairman.  
 On the Causes of Epidemics, Dr. Thomas Antisell, D. C., Chairman.  
 On Compulsory Vaccination, Dr. A. N. Bell, N. Y., Chairman.  
 On Leakage of Gas-pipes, Dr. J. C. Draper, N. Y., Chairman.  
 On Alcohol and its Relations to Man, Dr. J. W. R. Dunbar, Md., Chairman.  
 On the Various Surgical Operations for the Relief of Defective Vision, Dr. M. A. Pallen, Mo., Chairman.  
 On Local Anæsthesia, Dr. E. Krackowitzer, N. Y., Chairman.  
 On the Influence upon Vision of the Abnormal Conditions of the Muscular Apparatus of the Eye, Dr. H. D. Noyes, N. Y., Chairman.  
 On the Comparative Merits of the Different Operations for the Extraction of Vesical Calculi, Dr. B. J. Raphael, N. Y., Chairman.  
 On the Therapeutics of Inhalation, Dr. J. Solis Cohen, Pa., Chairman.  
 On the Deleterious Articles used in Dentistry, Dr. Augustus Mason, Mass., Chairman.  
 On Medical Ethics, Dr. Worthington Hooker, Conn., Chairman.  
 On the Climatology and Epidemics of Maine, Dr. J. C. Weston; of New Hampshire, Dr. P. A. Stackpole; Vermont, Dr. Henry Janes; Massachusetts, Dr. Alfred C. Garratt; Rhode Island, Dr. C. W. Parsons; Connecticut, Dr. B. H. Catlin; New York, Dr. E. N. Chapman; New Jersey, Dr. Ezra M. Hunt; Pennsylvania, Dr. D. F. Condie; Delaware, Dr. — Wood; Maryland, Dr. O. S. Mahon; Georgia, Dr. Juriah Harriss; Missouri, Dr. Geo. Engelmann; Alabama, Dr. R. Miller; Texas, Dr. Greenville Dowell; Illinois, Dr. R. C. Hamil; Indiana, Dr. J. F. Hibberd; District of Columbia, Dr. T. Antisell; Iowa, Dr. J. W. H. Baker; Michigan, Dr. Abm. Sager; Ohio, Dr. J. W. Russell.  
 Secretaries of all medical organizations are requested to forward lists of their delegates, as soon as elected, to the Permanent Secretary.  
 215 Spruce St., Philadelphia. W. B. ATKINSON Perm. Sec.

*Climate of Michigan favorable to the Lungs.*—For many years I have been of the opinion that the climate of Michigan, and more especially of the northwestern counties, had a sanative influence upon the respiratory functions; and that opinion has been strengthened by the examination of several thousands of its inhabitants, with special reference to diseases of the lungs. To confirm and establish this opinion, almost beyond a reasonable doubt, I submit the following statistics, copied from the "Report of the Provost Marshal-General of the United States." In the examination of the table of drafted men in all of the loyal States, you will find the number examined to be six hundred and five thousand and forty-five; six thousand, seven hundred and sixty-four were exempted for consumption. Ratio per thousand, 11.18. The ratio of Michigan has been 2.42, the lowest in the list of individual States.—A. PLATT, M.D., in *Grand Rapids Eagle and Detroit Review of Medicine and Pharmacy*.

*The Gain in the Average Duration of Human Life.*—Dr. C. A. Logan, in his "Report on the Sanitary Relations of the State of Kansas," cites the example of

Geneva, in Switzerland, where an accurate record of the population, births and deaths has been kept for more than three centuries past, or since the year 1560. By a series of historical and statistical compilations, M. Mallet has ascertained that from the year 1560 to the year 1600, the mean duration of the lives of the people was, in round numbers, twenty-one years and two months. During the seventeenth century, the mean life had increased to twenty-five years and nine months; and in 1833, it had reached forty-five years and five months, being nearly double what it was about two centuries before. The result was brought about by a most salutary regulation of the public health, through which much of the former unnecessary sickness was prevented.—*Chicago Medical Examiner*.

*Cause of Cholera.*—A letter dated Munich, January 19th, published in the *Aiz la Chapelle Echo*, of January 24, contains the following statement: Professor V. Pettenkofer is back some days from his travels. It is said that he is completely satisfied with the result of his examination of the towns visited by cholera last summer; and his conference with Professors Griesinger, Wunderlich, and the Englishman Macpherson, is said to have led to almost complete agreement of opinion. We hear that the Professor will soon lay his latest results before the Medical Society in a complete shape. At the same time an astonishing observation is conveyed to us from Vienna. Dr. Klob has, with the use of a microscope of from 800 to 1000 magnifying power, discovered in the rice-water evacuations millions of microscopic fungi, which, in appearance, differ little from the ordinary European forms; and that cholera is easily propagated by their means, can scarcely any longer be doubted.—*Brit. Med. Journal*.

*Coal Oil Light.*—We have found, by experience, that the light is greatly improved by adding to the oil one-fourth of its weight of common salt. It makes the light much more brilliant and clear, keeps the wick clean, and prevents smoking.—*St. Louis Medical Reporter*.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, MARCH 23d, 1867.

##### DEATHS.

	Males.	Females.	Total.
Deaths during the week	34	45	79
Ave. mortality of corresponding weeks for ten years, 1856-1866	44.1	39.5	83.6
Average corrected to increased population	00	00	90.41
Deaths of persons above 90	0	0	0

BOOKS RECEIVED.—Obstetrics; the Science and the Art. By Charles D. Meigs, M.D. Fifth Edition, revised. Philadelphia: Henry C. Lea. 1867.—Practical Dissections. By Richard M. Hodges, M.D. Second Edition, thoroughly revised. Philadelphia: Henry C. Lea. 1867.

DIED.—In Upper Egypt, above Edson on the Nile, Dr. Russell B. Brownell, of Sharon, Ct.—while making the tour of Egypt with a party of American gentlemen.

DEATHS IN BOSTON for the week ending Saturday noon, March 23d, 79. Males, 34—Females, 45. Accident, 1—anæmia, 1—apoplexy, 1—disease of the bowels, 1—inflammation of the bowels, 1—disease of the brain, 4—inflammation of the brain, 1—bronchitis, 1—burns, 1—consumption, 13—convulsions, 2—croup, 1—cyanosis, 1—debility, 1—diarrhoea, 1—diphtheria, 1—dropsy of the brain, 2—dysentery, 2—scarlet fever, 1—typhoid fever, 1—disease of the heart, 1—infantile disease, 2—disease of the kidneys, 3—congestion of the lungs, 1—inflammation of the lungs, 6—marasmus, 2—measles, 3—old age, 1—peritonitis, 2—pleurisy, 2—premature birth, 1—puerperal disease, 3—rheumatism, 1—smallpox, 8—tumor, 1—unknown, 1—whooping cough, 2.

Under 5 years of age, 35—between 5 and 20 years, 8—between 20 and 40 years, 15—between 40 and 60 years, 12—above 60 years, 9. Born in the United States, 55—Ireland, 15—other places, 9.